The Organising Committee informs that in order to participate in the competitions, it is necessary to obtain a medical report for an individual or a team proving the ability to participate in the competitions. The recommended format is provided in the attachment. In case the validity period is not specified in the report, the validity period is six months.

The medical report for foreign participants must be issued in accordance with the requirements of the residence country, taking into account the sport-specific requirements and be in the national language. Filling out the report in English is preferable. Please upload this document to the athlete's personal profile in the accreditation system, selecting the document type "Medical report".

In addition to the medical report, participants in the sport of "boxing" must also have the original certificate of undergoing Magnetic Resonance Imaging (MRI) of the brain, a medical certificate from the International Boxing Association, and test results for hepatitis B, hepatitis C, and HIV (not older than 6 months). The original certificate describing the examination must bear the date of the examination, the stamp or seal of the institution that performed the MRI. The doctor's report must be verified by their signature and personal seal. The report of undergoing a brain MRI is valid for one year. Please upload these documents to the athlete's personal profile in the accreditation system, selecting the document type "Other medical documents."

The Organising Committee is ready to provide the possibility of conducting medical examinations for participants at a specialized medical organisation and issuing the necessary clearance upon the athletes' arrival two days before the start of the competitions. The cost of the examination is 1990 rubles (excluding the cost of MRI, hepatitis, and HIV tests), and the payment can be made in cash or with a card issued in the Russian Federation.

However, please note that if any health deviations are detected, the athlete may be considered ineligible to participate in the competitions.

Medical organisation name, stamp

Phone, email

**Medical Report for**

**admission of sports team athletes**

**to participate in the BRICS Sports Games**

Name of a sports team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of sport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Athletes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| № | Full name | Date of birth | Admitted / Not Admitted |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Date of issue of the medical report

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

 Signature Last name, initials

Stamp of the Medical Organisation

Medical organisation name, stamp

Phone, email

**Medical Report for**

**admission of individual athletes**

**to participate in the BRICS Sports Games**

Last name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Patronymic (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sport\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 On the basis of the medical examination results the athlete is

 ADMITTED

for participation in a sports competition

Date of issue of the medical report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical organization Officer \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

 Signature Last name, initials

Stamp of the Medical Organisation